MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL VO. 10/58 7345	FILIN
APP/LICANT(S)	

FILING DATE

CLAIMS

	AS FILED			AFTER I"AMENDMENT		AFTER 2 ~ AMENDMENT	
			I"AM				
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							
3		1/		/		<u></u>	
3		1		/			
4	·	3	<u> </u>]		
5		g_2	 				
6		<i>9</i>		4			
7		W.	/				
8		(3)	<u> </u>		ļ		
9		 		 			
10 11		1	 	- -',	 	ļ	
12		3	 	+ ' -			
13		3-	!	 /	<u> </u>		
14		Ø	 	/	ļ		
15		(1)		4			
16	- 1 p2	W	/	-			
17		<u> </u>	r				
18							
19	•			+			
20							
21				1			
22							
23							
24							
25	<u>. </u>						
26							
27							
28 29				ļ			
30							
31				-			
32				 			
33							
34				 			
35							
36							
37							
38							
39							
40							
41		- *					
* 42							
43	T						
44							
45							
46				I			
47							
48							
49]	
50							
TOTAL IND.		₩	2	#		#	
TOTAL DEP.		← [4	+		+	
TOTAL	i i		6				

ľ	AS FILED			TER	AFTER 2 "AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52	ļ			<u> </u>		
53	ļ	ļ		ļ		!
54	} -			ļ	ļ	
55	 		!	<u> </u>		
<u>56</u> 57	 			 		
58	 		-	ļ	} -	┼
59	-					
60	<u> </u>				 	
61				 	-	
62				<u> </u>		<u> </u>
63				1		1
64						
65						
66			<u> </u>			
67			ļ	ļ	İ	ļ
68	 		I		 	ļ
69 70					ļ <u> </u>	
71		-	 -	 		
72					:	
73						
74					·	
75						
76						
77						
78						
79						
80		-	<u> </u>			
81 82						ļ
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						ļ
95 96			ļ			
97			 			
98						
99						
100						
TOTAL IND.		-		1		1
TOTAL DEP.		(-		+		4
TOTAL CLAIMS						a .

PTO . 1360 (REV 11M4)